

**BOARD OF REGISTERED NURSING**

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Ruth Ann Terry, MPH, RN  
 Executive Officer

**APPLICATION FOR APPROVAL AS  
 A CONTINUING EDUCATION PROVIDER  
 FEE \$200**

**FOR OFFICE USE ONLY**

Provider No: \_\_\_\_\_

Cashier No: \_\_\_\_\_

Approval Period: \_\_\_\_\_

**Please Type**

1. PROVIDER NAME:		2. PHONE NO: Bus: Res:	
3. ADDRESS:	City:	State:	Zip Code:
4. Have you ever been a provider of continuing education for registered nurses in California? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Provider Name: _____ Provider No: _____			
5. PROVIDER IS A/AN: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Health Facility <input type="checkbox"/> University, College or School <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Government Agency			
6. CONTINUING EDUCATION COORDINATOR: Name: _____ Phone No: _____			
7. FEIN/SSN: _____		8. Individual Responsible for Record Keeping:	
9. ADDRESS OF RECORD STORAGE:			Phone:

**Instructions:** Complete this Registration form and the Course Information and Instructor Information form(s) (Form 15A/441/CE6) about the first course you will offer. Submit these completed forms, a copy of your proposed flier or brochure and a sample certificate PLUS your application fee.

I certify under penalty of perjury under the laws of the State of California that I have read and understand the regulations in Title 16, Article 5, California Code of Regulations, and that all courses and instructors meet the requirements of those regulations.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_